

032304

10281 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL

Address to:

Box PATENT APPLICATION
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.

BAIJ3001/EM

First Named Inventor
(or identifier)

Jin-CHung BAI

Total Pages

20

22858 U.S. PTO
10/806167


032304

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled: Stacked Semiconductor Device Having Mask Mounted In Between
Stacked Dies

- ☒ 1. Submitted herewith are the following:
- 8 pages of specification, including claims and Abstract.
 - 2 sheets of FORMAL drawings (Figs. 1-3).
 - 12 claims.
 - 1 Oath/Declaration signed by each inventor.
 - 1 Application Data Sheet.
 - 1 Assignment of the invention to Stack Devices Corp., Miaoli County, Taiwan, R.O.C.,
Cover Sheet, and payment of the \$40 recordal fee.
 - 1 check in the amount of \$425 (\$385- Filing Fee; \$40- Assignment Recordation Fee).
- ☒ 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.
- ☒ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.
- ☐ 4. Insert before the first sentence of the specification: - - This application claims the benefit of provisional application number _____ filed _____. - -
- ☐ 5. Insert before the first sentence of the specification: - - This application is a Continuation-in-part of nonprovisional application number _____ filed _____. - -
- ☐ 6. Other: _____

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$770.00
Total Claims:	12	- 20 =	0	X \$18 =	\$0.00
Independent Claims:	1	- 3 =	0	X \$86 =	\$0.00
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 th Floor Alexandria, VA 22314-1176 23364 CUSTOMER NUMBER				Multiple Dependent Claim (add \$290.00):	\$0.00
				Subtotal:	\$770.00
				50% Reduction if Small Entity Status:	\$385.00
Phone: 703-683-0500 Fax: 703-683-1080				Total:	\$385.00
Date:	Name:		Signature:		Reg. No.
March 23, 2004	Eugene Mar				25,893